

Tammy Lynn Center for Developmental Disabilities
739 Chappell Drive
Raleigh, NC 27606

AUTHORIZATION AGREEMENT FOR DIRECT DRAFT PAYMENT (ACH DEBITS)

I/We hereby authorize the Tammy Lynn Memorial Foundation, Inc. to initiate debit to my/our bank account and financial institution indicated below on a monthly basis for the amount entered below.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount to be Debited per Month _____

Comments _____

This authorization is to remain in full force and effect until the Tammy Lynn Memorial Foundation, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Tammy Lynn and my/our Financial Institution a reasonable opportunity to act on it.

Name _____ *and/or* Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Signature *and/or* Signature

Date Date

For verification of account information, please include a voided check with this authorization form. You should anticipate the first draft approximately 30-45 days after we have received your authorization.

Please send to:

Maria Hernandez
Tammy Lynn Center for Developmental Disabilities
739 Chappell Drive
Raleigh, NC 27606

(919) 755-2667
mhernandez@tammylynncenter.org
www.tammylynncenter.org